

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

109/470343

12/22/99

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	*		*		*	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
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TOTAL IND	1		4		4								
TOTAL DEP	35		43		43								
TOTAL CLAIMS	36		46		46								
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS